

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

AMEND

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5		1					
6	1						
7		1					
8		1					
9	1						
10	4						
11	4						
12	4						
13	2	2					
14	1						
15	1						
16	1						
17	4						
18	1						
19	4						
20	1						
21							
22							
23							
24							
25							
26		1					
27		1					
28		1					
29		1					
30		1					
31			5				
32			5				
33			5				
34			5				
35			5				
36		1					
37		1					
38		1					
39		3					
40							
41							
42							
43							
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45							
46							
47							
48							
49							
50							
TOTAL IND.	43		3				
TOTAL DEP.	37	22	33	22			
TOTAL CLAIMS	36		36				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS